U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

DECLARATION

ATTORNEY'S DOCKET NO. **11443/160**

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled SURGICAL CUTTING AND STAPLING DEVICE, the specification of which was filed on February 23, 2004 as U.S. Patent Application Serial No. 10/785,672

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

Kenyon & Kenyon One Broadway New York, New York 10004 (212) 425-7200 (phone) (212) 425-5288 (facsimile) Customer No. 26646 I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

| FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN | NAME | SECOND GIVEN NAME |
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